

EXHIBIT H

**Grayson County Detention Center
Health Assessment**

Date 6/17/19

Name Bradley, Benjamin DOB [REDACTED]-83 SS# [REDACTED]-8979

Age 36 Race B Sex ☒ M ☐ F Height 5'11" Weight 284

BP 140/90 Pulse 81 Resp 22 Temp — 02 Sat 98 %

Allergies NEA

Primary Care Physician Dr. Mendisalti MD McWhorter

Medications None

Health History: (Explain Any "yes" answers)

Y ☒ N ☐ Seizures, CVA, Fainting
 Y ☒ N ☐ Migraine Headaches
 Y ☒ N ☐ Psychiatric, Nervous Disorders
 Y ☒ N ☐ Glaucoma, Vision Problems
 Y ☒ N ☐ Hay Fever, Allergies
 Y ☒ N ☐ Thyroid Disease
 Y ☒ N ☐ Heart Disease /Hypertension
 Y ☒ N ☐ Tuberculosis/Past Positive TB Test
 Y ☒ N ☐ TB Treatment - Date _____
 Y ☒ N ☐ Problems With Lungs (COPD, Asthma, etc)
 Y ☒ N ☐ Drugs Type _____
 Y ☒ N ☐ Do you have Sickie Cell Disease

Y ☒ N ☐ Stomach Problems
 Y ☒ N ☐ Colon Problems
 Y ☒ N ☐ Problems with Liver
 Y ☒ N ☐ Diabetes
 Y ☒ N ☐ Kidney Disease
 Y ☒ N ☐ Prostate/Testicular Problems
 Y ☒ N ☐ Sexually Transmitted Diseases
 Y ☒ N ☐ Cancers
 Y ☒ N ☐ ETOH (Alcohol)
 Last Use _____
 Y ☒ N ☐ Do you have Sickie Cell Trait

Comments _____

Surgeries none

Any Other Health Problems none

Physical Exam: (Explain Any Abnormal Findings)

N A General Appearance
N A Neuro
N A HEENT
N A Heart

N A Lungs
N A Abdomen
N A GU
N A Genitalia

N A Extremities
N A Skin
N A Mouth

Comments _____

PPD - Date Read 5-30-19 Results Ø MM

CXR - Date _____ Results _____

Nurses Signature Beth M. [Signature]

Inmates Signature [Signature]

Physicians Signature _____